CLASS E AMENDMENT FORM

File the original with:	Mail or fax a copy to:
Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 – 5100 FAX (803) 896-5199	S.C. Office of Regulatory Staff Transportation Department 1401 Main Street Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
DATE:	
I have the following Certificate of Public Convenier	nce and Necessity:
Class E Household Goods #	Class E Hazardous Waste #
Please consider this as my request for the following	g amendment(s) to my Certificate:
Name Change From:	
(Current Name)	(Current DBA, if Applicable)
To:(New Name)	(New DBA, if Applicable)
Scope of Authority	
(Current Scope)	(New Scope)
(NOTE: All requests for expanded scope of authority for household goods movers require the filing of a full application and a formal hearing before the Public Service Commission. Any request to expand beyond three contiguous counties requires additional justification and will require the presentation of a shipper witness(s) at the hearing before the PSC.) Tariff (change in rates, fuel surcharge, etc. Attach any appropriate documentation)	
(Name)	(DBA if applicable)
(Street and/or Mailing Address)	(City, State, Zip Code)
(Signature)	(Title) Owner, President, etc.
(Telephone Number)	